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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

O

WEEKLY BULLETIN

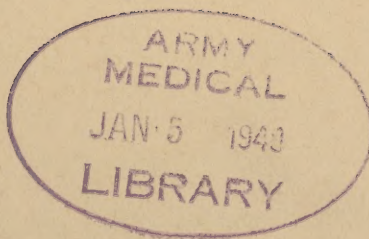
For Period

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SECTION	I - General
SECTION	II - Welfare
SECTION	III - Nursing Affairs
SECTION	IV - Veterinary Affairs
SECTION	V - Supply
SECTION	VI - Preventive Medicine
SECTION	VII - Medical Service
SECTION	VIII - Social Security
SECTION	IX - Memoranda to Japanese Government



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SECTION I

GENERAL

The 1948 Budget

The beginning of the Japanese government fiscal year is 1 April. Prefectural Health Departments should be encouraged at this time to complete the planning of their 1948 health programs and to make estimates of the funds required to carry out their projects. During the 1947 fiscal year the percentages of the prefectural budgets allocated to public health varied from a fraction of 1% to 2% with only a few prefectures exceeding this latter figure. Surveys show that well-rounded health programs cost a minimum of 5% of the total budget with 10% a desirable level. Now is the time to plan! Military Government Health Officers should use their influence to determine that at least 5% of the total prefectural budget is allotted to public health programs.

SECTION II

WELFARE DIVISION

Proposed Organization of Prefecture Welfare Departments

In order to carry out the provisions of Article 158 of the Local Autonomy Law which was recently amended by the Japanese Diet, the Ministry of Welfare will dispatch instructions to the prefecture governors. These instructions will set forth the organization of the Welfare Department (Minsei-bu) which is to be organized in each prefecture when the amendments to the Local Autonomy Law become effective on 1 January 1948. The change in the law will not effect the organization of the Welfare Department in Tokyo and a few other large prefectures such as Osaka where a separate Welfare Department has already been created.

In all of the prefectures other than Tokyo, Osaka, Hyogo, Kyoto, Aichi, Kanagawa and Fukuoka the Welfare Department will consist of at least four sections: Welfare (Kosei-ka), Children (Jido-ka), Insurance (Hoken-ka) and Demobilization (Sewa-ka). The duties assigned to each of these four sections are as follows:

1. Welfare Section (Kosei-ka)

- a. Survey and planning of social work
- b. Training and education of those concerned with social work.
- c. Guidance and supervision of social work organization and institutions.
- d. Welfare Committeemen (Minsei-iin).
- e. Administration of Daily Life Security Law.
- f. Repatriates' relief.
- g. Disaster relief.
- h. Public pawn shops, bath houses, dining halls and welfare institutions.
- i. Protection of the physically handicapped.
- j. Problems of socially ostracized groups (such as Eto).
- k. Supply of relief and aid materials.
- l. Work shops and home job facilities.

Restricted

Restricted

m. Matters relating to social work not handled by other divisions.

2. Children's Section (Jido-ke)

- a. Overall planning on child welfare.
- b. Child Welfare Law administration.
- c. Cultivation and publicizing ideas on child welfare.
- d. Cultural program for children.
- e. Prevention of delinquency among children.
- f. Supply of materials required for protection of children.
- g. Survey and statistics on children.
- h. Protection of mothers and children.
- i. Matters relating to children not handled by other divisions.

3. Insurance Section (Hoken-ke)

- a. Health Insurance
- b. Seamen's Insurance.
- c. Welfare Pension Insurance.
- d. National Health Insurance.
- e. Matters relating to social insurance not handled by other divisions.

4. Demobilization Section (Sewa-ke)

- a. Counseling for ex-servicemen and former civilian employees of Army or Navy.
- b. Salaries and other allowances for "the bereaved families of fallen ex-servicemen" and former civilian employees of army or navy.

In the prefectures of Osaka, Aichi, Kyoto, Hyogo, Kanagawa and Fukuoka, a total of five sections within the prefecture Welfare Department has been authorized as follows: Social Affairs (Shakai-ke), Protection (Hogo-ke), Children, Insurance and Demobilization. In these prefectures the Protection Section will be responsible for administration of the Daily Life Security Law, repatriate relief programs and disaster relief. The Social Affairs Section will be assigned the other responsibilities listed above as assigned to the Welfare Section. The functions of the Children's Section, the Insurance Section and Demobilization Section remain the same in all prefectures.

There is a definite relationship between the functions of various bureaus within the national Ministry of Welfare and the sections of the prefecture Welfare Department (Minsei-bu):

<u>Bureau of Ministry of Welfare</u>	<u>Section of Prefecture Welfare Department</u>
Social Affairs (Shakai Kyoku)	Welfare (Kosei-ke). In large prefectures: Social Affairs (Shakai-ke) and Protection (Hogo-ke)
Children (Jido kyoku)	Children (Jido-ke)
Insurance (Hoken Kyoku)	Insurance (Hoken-ke)

Restricted

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Demobilization (Fukuin-Kyoku)

Demobilization (Sewa-ka)

Attention is called to the fact that the amendment to Article 158 of the Local Autonomy Act does not become effective until 1 January 1948 which means that changes in prefecture organization will not be required until after that date. Under the revised organization the labor functions now included in many Welfare Departments will be transferred to the Economic Affairs Department. The combination of education, labor, health and welfare activities within the same department, which is the present plan of organization in some prefectures, will no longer be authorized.

Transfer of First Demobilization Bureau.

The Japanese Government was directed to transfer the First Demobilization Bureau (including all local agencies under its operational control, such as Home Depot Bureau, Demobilization Liaison Offices and their branches) intact to the jurisdiction and control of the Ministry of Welfare, the transfer to be completed on or before 15 October. Reference: Memorandum for Japanese Government, SCAPIN 1791 dated 4 October, subject: Demobilization Machinery, Reorganization of. The First Demobilization Bureau is now, therefore, a part of the Ministry of Welfare. The bureau is continuing its functions of demobilization and repatriation of the former Japanese Army personnel. The same directive orders the complete elimination of the Second Demobilization Bureau by 1 January 1948 and transfer of remaining functions and personnel to the Ministry of Welfare.

Within the prefectural government the functions of the national Demobilization Bureaus are carried out through Demobilization Sections (Sewa-ka) of the Welfare Department (Minsei-bu). In many prefectures there are two sections carrying on this work, one known as the First Demobilization Section (Dai-Ichi, Sewa-ka) and the Second Demobilization Section (Dai-Ni, Sewa-ka). In accordance with the provisions of SCAPIN 1791 the Japanese government is preparing a detailed plan "for the effective ultimate elimination of separate demobilization agencies and the efficient and gradual absorption of all necessary remaining functions ** into the permanent administrative structure of the Japanese Government".

Children's Bureau, Ministry of Welfare.

A plan for the reorganization of the Children's Bureau of the Ministry of Welfare has been developed and will be placed in effect during the current month. This bureau which was established within the Ministry of Welfare in March, previously carried on its work through three sections. (reference:PHW Weekly Bulletin #46, for period 9 - 15 November). The reorganization plan calls for the expansion of the Bureau to include four sections. It is expected that the reorganized Bureau will be able to more effectively carry out the provisions of the new Child Welfare Law which becomes effective 1 January 1948. The four sections of the Bureau are: Planning, Child Protection, Child Care and Maternal and Child Health.

The responsibilities of the Bureau are assigned to the four sections as follows:

1. Planning

- a. Dissemination of child welfare information and other matters for the promotion of child welfare.
- b. General supervision of the administration of the Child Welfare Law.
- c. Child Welfare Boards.
- d. Child Welfare officials and Child Welfare workers.
- e. Child Welfare Stations.

Restricted

Restricted

- f. Surveys and statistics concerning children.
- g. Other matters not belonging to other sections.

2. Child Protection

- a. Orphans and orphanages.
- b. Protection of homeless, mentally handicapped and vagrant children.
- c. Prevention of delinquency; juvenile training and education institutions (Kyogo-in).
- d. Foster home program.
- e. Prevention of cruelty to children.
- f. Supplies necessary for child protection.

3. Child Care

- a. Day nurseries and nursery teachers
- b. Foundlings
- c. Mothers homes (Boshi-ryo) and protection of mothers with dependent children.
- d. Children's recreational agencies.
- e. Cultural development of children.

4. Maternal and Child Health

- a. Health of Infants and pre-school children, expectant and nursing mothers.
- b. Special nutrition for infants and pre-school children and expectant and nursing mothers.
- c. Prevention of special diseases of the infants and pre-school children and expectant and nursing mothers.
- d. Guidance of work of midwives and maternity agencies.
- e. Health of children not included above.
- f. Health of delicate and crippled children.
- g. Miscarriage and still-birth.

In the prefectures, the responsibilities of the planning, child care and child protection sections are assigned to the children's section of the prefecture Welfare Department (Minsei-bu) while responsibility for the maternal and child health program is assigned to the prefecture Health Department (Eisei-bu).

Vagrant and Homeless Children

Reports received from Military Government Teams indicate the problem of vagrant children continues to require attention. The program providing care for such children was established by the Ministry of Welfare in a directive issued on 15 April 1946, subject: Execution of Emergency Measures for the Protection of Orphans and Other Children (Reference: Inclosure 4 to Operational Directive No. 9, dtd 14 January 1947, Hdq. Eighth Army). This program remains in operation until it is taken over under the new Child Welfare Law. The following state-

Restricted

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ments which indicate the nature of the problem are quoted from Military Government Monthly Activity Reports for November:

"A Plan has been adopted for the care of juvenile vagrants found in the streets, railroad stations or other like places. Instructions have been sent to all the police stations to pick up vagrant children and immediately notify the Prefectural Social Welfare Section. If there is a children's institution in the vicinity, the child should be placed there pending further plans; if there is no such place and the child must be held overnight in the police station, he must not be placed with adult criminals. The Welfare Section will make arrangements for him on the following morning.

"Seven children were picked up during the month and placed in Kosei-en Orphanage. One nine-year old boy was so ill that he died. Three older boys ran away. Two are making a good adjustment in the Home. The seventh child was returned to his father through the cooperation of the Legal and Public Welfare Sections of Military Government and the Prefecture. He was eight years old and had been held for eight days in Urawa jail by the police because they had difficulty locating his relatives. The Legal Section handled the matter of the police holding a vagrant child in jail so long. The head of the Prefectural Social Welfare Section interviewed both the boy's father, who lives in Tokyo, and the child who previously had lived with adopted parents in Chiba Prefecture. It was decided the boy would return to the home of his father and the Saitama Welfare Section would refer the case to Tokyo Welfare Section for supervision.

"A total of ten children were picked up in front of the Kagoshima Railway Station. These children were sent to the Jimpuryo Orphanage for care and treatment.

"An adoption campaign is being carried on by Doho Engo Kai (a private organization) in Miyagi Prefecture, which is to be a part of a national campaign. Bulletins with pictures of all orphans, and homeless children in institutions, were placed in prominent downtown areas and numerous applications for adoptions were received. Several children were reunited with their families. Social investigations are being made on applications before a child is adopted."

Licensed Agencies for Relief in Asia (LARA)

The 38th overseas shipment of relief supplies to LARA arrived aboard the S. S. Scott E. Horn at Yokohama on 13 December 1947. This shipment contained 29.9 tons of food items.

SECTION III

NURSING AFFAIRS DIVISION

Public Health Education (Summary of Details Pertaining to P. H. Course)

Four-month Refresher Courses for Public Health Nurses are given by the Institute of Public Health, Tokyo, with classes starting April, August and December.

Prefecture Health Departments are notified of details prior to beginning of each course. Military Government Public Health Nurse or the Public Health Officer in each Prefecture should supervise the selection of each candidate and their assignment upon return.

Candidates should as nearly as possible meet the following qualifications:

1. A person who has been and will be in a supervisory position in a Health Center, a Public Health Nurses training school, or a prefectural health office.
2. A person who is between 23 and 40 years of age and in good physical condition.

Restricted

Restricted

3. One who has a Public Health Nurse's certificate.

Cost to prefecture for four-month period averages ¥ 7200 plus round trip travel expenses. Dormitory accommodations are provided by the Institute for those who do not live in Tokyo.

Courses consist of ten weeks of theory and six weeks of practical training. American nurses are rendering direct assistance and supervising the training programs. Upon the student's return to the prefecture they should be able to provide leadership in the improvement of public health nursing services and nursing schools.

<u>Curriculum</u>	<u>Hours</u>	<u>Instructor</u>
Public Health Nursing	44	P. H. Nurse
Public Health Administration	10	Physician
P. H. Nursing (History & Trends)	4	P. H. Nurse
Introduction to Public Health	4	Physician
Sanitation	8	Physician
Psychology	10	Psychologist
Sociology	4	Sociologist
Social Service	10	Social Worker
Maternity	12	Physician
Maternity Nursing	12	P. H. Nurse
Nursing Procedures	28	P. H. Nurse
Principles & Method of Teaching	10	P. H. Nurse
Vital Statistics	8	Physician
Mental Hygiene	8	Physician
Infant & Preschool	12	Physician
Infant and Preschool Nursing	14	P. H. Nurse
Communicable Disease	16	Physician
Communicable Disease Nursing	8	P. H. Nurse
Health Education	12	Physician and P. H. N.
School Hygiene	4	Physician
School Nursing	10	P. H. Nurse
Oral Hygiene	4	Physician
Nutrition	18	Nutritionist
Tuberculosis	10	Physician
Tuberculosis Nursing	10	P. H. Nurse
Venererl Disease	10	Physician
Venererl Disease Nursing	10	P. H. Nurse
Public Health Nursing Supervision	<u>14</u>	P. H. Nurse
Total hours.....	314	

The following eight health centers are being used for the students field work; Tokyo Central, Suginami, Adachi, Shinagawa, Setagaya, Shinjuku, Tokorozawa, Urawa.

SECTION IV

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of animal diseases for the period 14-20 December:

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Kanagawa	Swine Cholera	1
"	Swine Erysipelas	1
"	Swine Plague	1

Restricted

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Monthly Animal Disease Report

Following is a summary of the monthly animal disease report for November submitted by the Ministry of Agriculture and Forestry

<u>DISEASE</u>	<u>NO. OF CASES</u>	
	<u>October</u>	<u>November</u>
Blackleg	1	0
Brucellosis	1	16
Trichomoniasis	224	152
Texas Fever	71	0
Equine Infectious Abortion	13	66
Swine Erysipelas	89	3
Swine Plague	2	0
Swine Cholera	8	0
Strangles	235	131
Rabies	9	0
Equine Infectious Anemia	202	66
Equine Encephalitis	662	25
Pullorum Disease	3547	5570

SECTION V

SUPPLY DIVISION

Production

A breakdown of solid fuel allocation, by prefectures, for hospital use for January 1948 is tabulated below. Allocation tickets covering this quantity were mailed by Ministry of Welfare direct to hospitals on 16th and 17th of December. (Unit: Ton)

<u>District</u>	<u>Prefecture</u>	<u>Standard</u>	<u>Substandard</u>	<u>Lignite</u>	<u>Total</u>
Sendai	Aomori	283	600	400	1,283
	Iwate	275	410	300	985
	Miyagi	524	100	405	1,029
	Akita	273	410	300	983
	Yamagata	220	300	305	825
	Fukushima	125	200	300	625
	Total	1,700	2,020	2,010	5,730
Tokyo	Ibaraki	369	120	--	489
	Tochigi	105	500	100	705
	Gumma	228	500	--	728
	Saitama	228	400	100	728
	Chiba	539	400	16	955
	Tokyo	2,766	300	310	3,376
	Kanagawa	838	500	10	1,348
	Yamanashi	49	500	--	549
	Nagano	299	200	--	499
	Niigata	479	100	--	579
	Total	5,900	3,520	536	9,956
Negoya	Shizuoka	365	210	400	975
	Aichi	215	510	525	1,250
	Mie	268	110	400	778
	Gifu	243	--	412	655
	Ishikawa	250	300	400	950
	Toyama	224	100	400	724
	Total	1,565	1,230	2,537	5,332

Restricted

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<u>District</u>	<u>Prefecture</u>	<u>Standard</u>	<u>Substandard</u>	<u>Lignite</u>	<u>Total</u>
Osaka	Shiga	188	510	--	698
	Kyoto	732	600	--	1,332
	Osaka	1,492	500	--	1,992
	Hyogo	388	600	17	1,005
	Nara	44	500	--	544
	Wakayama	30	600	--	630
	Fukui	181	400	--	581
	Total	3,055	3,710	17	6,782
Hiroshima	Tottori	110	100	--	210
	Shimane	178	100	--	278
	Okayama	537	100	--	637
	Hiroshima	685	170	--	855
	Yamaguchi	460	200	--	660
	Total	1,970	670	--	2,640
Shikoku	Tokushima	60	140	--	200
	Kagawa	231	--	--	231
	Ehime	230	--	--	230
	Kochi	109	--	--	109
	Total	630	140	--	770
Fukuoka	Fukuoka	1,083	--	--	1,083
	Saga	266	400	--	666
	Nagasaki	412	30	--	442
	Kumamoto	373	--	--	373
	Oita	221	100	--	321
	Miyazaki	120	100	--	220
	Kagoshima	305	500	--	805
	Total	2,780	1,130	--	3,910
Grand Total		17,600	12,420	5,100	35,120

The 36th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control programs for 1947 indicates the following data for 7 - 13 December:

	Total to date 6 Dec.	No. Mfgd. 7-13 Dec.	Total Mfgd. to date 13 Dec.	Total Shipped to date 13 Dec.	<u>Balance</u>	
					On Hand	To be Mfgd.
DDT Dusters	76,106	-	76,106	72,254	3,852	13,894
Sprayer, knapsack type, 3 gal. cap.	39,443	-	39,443	19,053	20,390	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	13,126	10,682	-
Sprayer, hand type, ½ Gal. capacity	37,910	-	37,910	27,703	10,207	-
Total	177,267	-	177,267	132,136	45,131	13,894

Releases of the following DDT products and typhus vaccine were approved for the period 14 - 20 December:

<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>5% DDT Residual Effect Spray</u>	<u>Typhus Vaccine</u>
Mie			1,000 vials
Ishikawa	5,000 lbs		
Miyazaki (Nat'l Hospital)	125 "		
Tottori (Nat'l Hospital)	21 "		

Restricted

Restricted

<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>5% DDT Residual Effect Spray</u>	<u>Typhus Vaccine</u>
Tochigi (Nat'l Hospital)	90 lbs.	215 gallons	
Chiba (Nat'l Hospital)	3,960 "	330 "	
Kumamoto (Nat'l Hospital)	280 "	240 "	
Kyoto (Nat'l Hospital)	160 "	150 "	
Oita (Nat'l Hospital)	40 "	25 "	
Osaka (Nat'l Hospital)	890 "	20 "	
Hakodate (Quarantine Station)	4,000 "	50 "	
Miyagi	30,000 "		
Ministry of Transportation		25,000 "	
Total	45,566 lbs.	26,030 gallons	1,000 vials

The Animal Hygiene Section, Livestock Bureau, Ministry of Agriculture and Forestry, in coordination with the Pharmaceutical Affairs Section, Medical Bureau, Ministry of Welfare, has undertaken a study of requirements of DDT dust and spray for dusting of livestock animals and for residual spraying of stables, farms, livestock experiment and quarantine stations. Detailed data as to the numbers of livestock animals, fowl, barns, stables, experiment stations, and as to the diseases prevalent in the livestock and fowl of the various prefectures, was compiled and analyzed.

Responsibility for the accomplishment of this program rests with the Hygiene Section of Wakayama and Yamaguchi, the Agricultural Administration Section of Yamaguchi, the Agricultural Section of Tokyo, Toyama, Mie, Fukui, Shimane, Tokushima, and the Livestock Section of the 37 prefectural governments other than those stated previously.

Total requirements for the 1948 program were calculated as 131,960 lbs. of 10% DDT dust and 26,125 gallons of 5% DDT residual effect spray. Plans, as formulated, call for dusting and spraying operations to be carried out four times during the year, once per quarter. The necessary DDT products for 1948 will be released to the Animal Hygiene Sections of the various prefectures, but in quarterly installments of equal 25% portions of the total requirement.

A total of 3,834,735 lbs. of 10% DDT Dust, 145,445 gallons of 5% DDT Residual Effect Spray, and 794,466 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare as of 13 December.

Distribution

During the period 9 December to 15 December a total of 368 sprayers were shipped under Ministry of Welfare supervision to three prefectures, as follows:

<u>Prefecture</u>	<u>Knapsack Sprayer</u>	<u>Semi-automatic Sprayer</u>	<u>Hand Sprayer</u>
Osaka	0	0	28
Hiroshima	176	12	72
Ehime	0	80	0
Total -	176	92	100

No DDT dusters were shipped during this period.

Phenylthiourea is a drug used as an anthelmintic in Japan. It is distributed outside of control channels. In the seven month period April through October 1947 a total of 20,304 kilograms of this drug have been manufactured in Japan. According to Ministry of Welfare officials phenylthiourea is used in the preparation of the following medicines

CHI-O-TAN
CHI-O-SIRIN "KONGO"
PARASANTE
KOI-PARAJIN

Restricted

APAFASIN
NEO-SANTOCIN
PHENYL-THIO-UPETH/ N
ANSEL
"NIKKO"-KAICHYUKUJOYAKU

During a recent tour of inspection in Kyushu, a representative of Public Health and Welfare Section, Supply Division, received complaints of shortages in supply of cotton sanitary materials. Ministry of Welfare reports that deliveries to the seven prefectures concerned from June to October 1947 were made as listed below:

Prefecture	Absorbent Cotton	Gauze Unit: Pcs.		Bandage Unit: Pcs.	
	Unit: Lbs.	10-Meter	1-meter	9-Meter	4.5-meter
Fukuoka	50,795	5,900	27,840	8,298	11,790
Saga	14,824	1,350	4,980	5,197	2,928
Nagasaki	14,787	2,200	11,945	6,060	4,752
Kumamoto	5,690	3,250	9,360	6,484	5,086
Oita	12,060	2,500	6,745	5,186	4,068
Miyazaki	9,733	2,150	7,440	3,370	2,644
Kagoshima	9,942	3,200	11,570	5,967	4,680

Narcotics

The procedure of procurators making demands for comparatively slight punishment of narcotic addicts who have been apprehended for violation of the narcotic law will be stopped immediately according to information received from the chief of the Criminal Affairs Section, Ministry of Justice. That addicts and other narcotic violators be dealt with severely was brought to the attention of the Ministry of Justice through a report received that a Japanese, who was a civil engineer contractor and an addict, was arrested in May 1947 for violation of the narcotic laws. He was found guilty and sentenced to six months penal servitude and a fine of ¥ 1,000. However, he received a suspended sentence, being fined the ¥ 1,000 but was not subjected to penal servitude. In November this same addict sold narcotics to Japanese narcotic agents working in an undercover capacity. The investigation preceding his arrest reveals that he has been selling narcotics in considerable amounts to street girls since receiving the suspended sentence. The Ministry of Justice stated that procurators will be immediately notified to demand heavier sentences for all narcotic violators and to particularly demand that addicts be sentenced to confinement, and that if any probation is provided, it should follow the period of confinement in order to insure that the addict is not free to again violate the narcotic laws.

Reports continue to be received that hospitals are losing comparatively large stocks of narcotics because of their failure to provide steel safes with combination locks. Recent reports show that the mere locking of a cabinet or room is not sufficient since the hospitals are being burglarized by people breaking open windows to reach the narcotic storage space and then using levers to pry open locks. Nothing short of a heavy metal safe with a combination lock will be considered safe storage for hospital narcotics by the Narcotic Section, Ministry of Welfare.

An addict in the Tokyo area was recently arrested after an investigation lasting throughout 1947. This addict posed as a doctor and a technician qualified to check and repair prescription scales, and while engaged in this activity he would steal narcotics, usually a 5-gram bottle of morphine. In Tokyo alone the addict had successfully used the ruse to steal narcotics from ten hospitals and had operated in five other prefectures. Hospitals are being warned that only authorized persons should have access to their prescription rooms and that narcotics must be returned to the safe immediately after each narcotic prescription is filled. Thefts of narcotics in Japan can be curtailed only by prefectural narcotic officials issuing strict instructions to registrants, particularly hospitals, and by maintaining close surveillance to determine that these instructions are fully complied with.

Restricted

SECTION VI

PREVENTIVE MEDICINE DIVISION

Typhus Fever

The recent outbreak of typhus fever in Osaka is proof that this disease is far from being eradicated in Japan. Japanese prefectural health authorities have lapsed into the same stage of lethargy exhibited by them in the beginning of the 1945-1946 typhus epidemic. Then, as now, they refused to believe that typhus fever could ever reach epidemic proportions. During 1946, nearly 32,000 cases of typhus occurred, which were finally subdued after a great expenditure of effort and money. After a strenuous control program in 1946 and early 1947, only 1200 cases were reported from 1 January to 1 December. Japanese officials have relaxed their efforts in typhus fever control as evidenced by the fact that only 20 persons, previously trained in typhus control work, could be gathered together in Osaka to meet the recent emergency there. Winter has set in nearly a month earlier than last season; with the advent of cold weather the typhus incidence has suddenly increased. Comparative Japanese figures for 1946 and 1947 follow:

	<u>1946</u>	<u>1947</u>
November	152	19
December	105	23 (up to 15 Dec.) 49 (up to 20 Dec.)

Case incidence in 1947 in December is still low as compared to 1946, but close liaison must be kept with prefectural health officers if a severe typhus epidemic is to be averted.

Tuberculosis Control

Upon return from a recent survey trip and reviewing program for the control of tuberculosis it is felt that the work of the Health Centers should have special attention.

The physical setups are usually available and there is some personnel already familiar with the work. These people need actual instruction in the development of their clinics. It must be really elementary. Taking it up step by step eg., the contact; the patient; a planned schedule for the patients return; a planned schedule for the various clinics; nurses home visits, etc. There is an assembly room in almost all Health Centers. This space is not used for group meetings as frequently as it should be. Lack of electric power at night, lack of fuel for heating, makes planning for night educational meetings difficult in the winter season. But plans could be made to use this space for demonstrations, exhibitions, talks on health and control of diseases.

Typhoid Fever Immunization Program

Reference is made to Section 5, Weekly Bulletin #46. Reports indicate the number of persons who have completed a full course of TAB inoculations is extremely disappointing. The last report received 15 December revealed only 25,000,000 out of 65,000,000 have completed the full course of inoculations. The Preventive Medicine Bureau, Ministry of Welfare sent a memorandum to each prefecture (YO HATSU NO. 922) on 24 November instructing them to complete their immunization program and to render weekly reports. The Memorandum referred to above indicates that they expect Military Government to exercise surveillance over this program. Either this program is less than 50% completed or reports rendered to the Ministry of Welfare do not indicate the true number immunized. Military Government Health Officers are urged to give this matter their personal attention to determine this program is completed without delay and that proper reports are rendered by the prefectures to the Ministry of Wel-

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fare. The new immunization law now nearing completion will require typhoid immunization.

Public Health Refresher Training Courses

Reference is made to Section 5, Weekly Bulletin #49. Military Government Health Officers are reminded that two new refresher training courses, one for Health Officers and one for Sanitariums, will open at the Institute of Public Health in Tokyo on 9 January 1948. The importance of these courses cannot be over emphasized and Military Government Health Officers should surveil the selection of personnel to be sent to Tokyo, also that prefectures make proper financial arrangements for the support of these students while in attendance at these courses.

Health Centers

Reference is made to Section 5, Weekly Bulletin #41. The supplementary budget has now passed the Diet and provides some money for the expansion and improvement of Health Centers. Ministry of Welfare is now in the process of preparing:

- a. An ordinance promulgating the Health Center Law.
- b. Enforcement regulations to the Health Center Law.
- c. Instructions relative to the operation and management of Health Centers.

These documents are being reviewed to make them as clear and complete as possible. When completed, they will be issued to the prefectures by the Ministry of Welfare. In the meantime, Military Government Health Officers can accomplish a great deal by cleaning up and improving the present facilities of Health Centers and properly utilizing personnel now on duty in the Health Centers. In order to avoid confusion, it is suggested that the matter of reorganization be delayed until instructions are received by the prefectures from the Ministry of Welfare. When these instructions are dispatched, English translations will be sent to Military Government teams for their guidance. Military Government reports indicate that Military Government Health Officers are manifesting a keen interest in the Health Center Organization. This is most encouraging. Military Government Teams will be furnished as much information as possible, for their guidance in carrying out the Health Center Program. It is important that each Military Government Health Officer and the Prefectural health officers follow the same basic pattern in the development of the Health Center Program.

Sanitary Teams

A letter from the Preventive Medicine Bureau, Ministry of Welfare, to the Prefectural Governors relative to insect and rodent control in 1947, required that special insect and rodent control teams be organized, one team per 10,000 population. This letter also specified that, where necessary, one other control team should be organized per every 2,000 people. Early in 1947 a policy was established that the special teams should be comprised of six men, employed on a full time basis, for the sole purpose of insect and rodent control. Initially these teams were to operate during the insect season, from May to October, but later it was recommended that they be employed on a year around basis, carrying out mosquito and fly control during the summer and rodent and louse control during the winter. The required number of special teams was attained in only a few prefectures during the summer of 1947 due to local financial problems and the inadequacy of the national subsidy. However, a large number of teams were employed and their work was reasonably satisfactory. Inspections made during the months of November and December indicate that the number of special teams has fallen to a dangerously low level and those in existence are far from sufficient to cope with the typhus control problem. In many areas these teams are completely nonexistent, a condition which many Public Health Officers are not fully cognizant.

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It is essential that special full time sanitary teams be hired and maintained on a year around basis. This must be done immediately so these teams may serve as a nucleus of the typhus control organization. Furthermore, the prefectural Health Departments should be encouraged at this time to lay plans for the 1948 season in order that sufficient funds be allocated in the 1948 budget to support these year-around teams during the coming fiscal year which begins on 1 April. It should be emphasized that the sanitary team is not a temporary stop-gap measure but a permanent integral part of the public health organization and as such their numbers should be within the economic capabilities of a prefecture and not subject to seasonal fluctuations.

Sanitary Associations

The Epidemic Prevention Act of 1897 permitted local governors to establish Sanitary Associations within a particular geographical or political unit. After the establishment of such an association all residents within the designated area were compulsory members subject to levy of dues. Upon non-payment of dues, they were subject to the same penalty as for the non-payment of taxes. In 1943 they were incorporated into the Tonari-Gumi neighborhood association becoming the Health Branch or Eisei Kumiai of this organization. As such, their affairs were controlled by the local political chief. The Tonari-Gumi was abolished as of 1 April 1947 by a SCAP Directive and the activities of the Eisei Kumiai suspended. The Ministry of Welfare has reported that as of 28 February 1947, 57,620 such associations were in existence with a total membership of 9,848,545. The activities were coordinated through a federation of sanitary associations that extended from the highest to lowest level of government. These associations were charged and held responsible for the carrying out of mass immunization programs, public health education to encourage the participation in such programs, the reporting of contagious diseases to ward offices, the direction and execution of community cleaning programs, the collection and disposal of garbage and refuse, insect and rodent control, and other functions related to public health and public works. The Tonari-Gumi and the local police departments assisted in enforcing sanitary regulations on the members of the Eisei Kumiai. Subsidies were even given to these associations by the local and national governments.

The history of the Eisei Kumiai would indicate that it was far from a democratic non-political organization. The reactivation of this group is being encouraged by many prefectural health departments in an effort to alleviate some of their financial problems by placing the burden of public health on the people they should be serving. All the phases of public health are the responsibilities of the local and prefectural governments and it is planned that they will become the exclusive functions of the district health center or city health office. Although in many instances these associations have proven to be valuable aids in the control of epidemic diseases they should not be held responsible for or be ordered to carry out any public health or public works programs which should be the responsibility of a governmental organization.

Neighborhood sanitary associations, providing they are a non-political voluntary group organized and operated in a democratic manner, are not illegal and should not be suppressed. However, it is recommended that their formation be discouraged as they cannot assume government functions. Continuous stress must be placed on the necessity of strong prefectural and municipal health organizations capable of carrying the responsibility formerly charged to the Eisei Kumiai.

Interpretation of Laboratory Serologic Tests (Continued from Weekly Bulletin #50)

Influenza: The influenza virus erythrocyte agglutination-inhibition technique is now extensively employed in laboratory influenza diagnostic procedures. Chicken or human "O" type red cells are most commonly used. Convalescent serum from influenza patients contains specific antibodies which inhibit the ability of the causal influenza virus strain to agglutinate erythrocytes. Duplicate serum specimens (acute phase and convalescent phase) are essential in this test since a large proportion of apparently normal individuals show a relatively high antibody content either as a result of past experience with the disease or fol-

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lowing immunization with influenza virus vaccine. Only a four-fold or greater rise in antibody titer can be considered significant for diagnostic purposes (i. e., an increase from 1:64 to 1:256, or from 1:256 to 1:1024 or greater).

Influenza virus agglutination-inhibition tests at present are carried out employing influenza A (PF8 strain) and influenza B (Lee strain) viruses as antigens. Negative reports with these strains (no increase in titer of second specimen over that of first specimen) mean only that the disease was not due to infection with influenza virus antigenically related to either of these strains, or that specimens were drawn at the wrong states of illness. Influenza antibodies appear more rapidly in blood serum than many other types of antibodies, and if the acute phase specimen is drawn too long after onset, a significant rise in antibody level in the convalescent phase specimen may not be demonstrable.

Virus Diseases of the Central Nervous System

The most commonly employed serologic tests for laboratory diagnosis of virus diseases of the central nervous system are complement-fixation tests and neutralization (virus inactivation) tests. In both cases, the same general remarks as applied to other serologic tests are also applicable here.

a. Complement-Fixation Tests: Virus antigens employed in complement-fixation reactions are generally purified or partially purified extracts of infected animal or chick embryonic tissues. As controls for antigen specificity, extracts of normal tissues are prepared and used in the same manner, and the test set up with a battery of antigens prepared from related viruses.

Experience has indicated that in the case of Japanese B Encephalitis, ordinary immunization procedures induces only negligible response if any in complement-fixing antibodies, with the possible exception of very young children. However, in endemic areas such as exists in certain parts of Japan and Okinawa, sub-clinical attacks of the disease may be responsible for antibodies demonstrable by means of the complement-fixation test. Here again it should be remembered that serologic evidence of a current infection can be considered conclusive only when a change from negative to positive occurs, or where at least a four-fold increase in antibody content can be shown during the course of disease.

Complement-fixing antibodies for virus CNS diseases can, in general, not be expected to appear in measurable amounts in serum in less than 10 to 14 days after onset.

b. Virus Neutralization Tests: Specific antibodies which neutralize or inactivate the causal virus agents tend to appear somewhat later and persist for a longer period of time than do complement-fixing antibodies. In lymphocytic choriomeningitis, neutralizing antibodies may not be found in detectable quantity until almost two months after onset of the disease. Again, demonstration of a significant rise in specific antibody content alone can be considered as of conclusive diagnostic value.

Febrile Agglutinations

Typhoid: Only O agglutinations should be requested. If a significant rise in titer is obtained in the course of the suspected case of typhoid fever, a Vi agglutination should be requested also. (Typhoid diagnosis is more easily made on blood culture than by agglutination).

Paratyphoids: As above. Confirmation by blood culture.

Brucella: Seldom in chronic cases of brucellosis are agglutinins demonstrable. Repeated blood cultures offer more helpful data.

Cholera: Do not order agglutinations for cholera. When cholera is suspected use bacteriologic methods of laboratory confirmation.

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Cheever (New England J. Med. 1947, 237:584-590) has summarized admirably the conclusions which may be drawn from various combinations of reactions, as listed below:

1. Serum drawn during acute phase: NEGATIVE; serum drawn during convalescent phase: NEGATIVE.

CONCLUSION: Disease not due to virus tested.

2. Serum drawn during acute phase: NEGATIVE; Serum drawn during convalescent phase: POSITIVE.

CONCLUSION: Disease presumably due to virus tested.

3. Serum drawn during acute phase: POSITIVE; serum drawn during convalescent phase: POSITIVE (significant rise in titer).

CONCLUSION: Disease presumably due to virus tested.

4. Serum drawn during acute phase: POSITIVE; serum drawn during convalescent phase: POSITIVE (no significant rise in titer).

CONCLUSION: (1). Contact with virus tested sometime in the past, with no relation to present illness.

(2). First serum drawn too late in course of disease.

(3). Second serum drawn too early in course of disease.

5. Serum drawn during acute phase: NOT TESTED; serum drawn during convalescent phase: NEGATIVE.

CONCLUSION: Disease not due to virus tested.

6. Serum drawn during acute phase: NOT TESTED; serum drawn during convalescent phase: POSITIVE.

CONCLUSION: Interpretation impossible, unless titer of second specimen is at least as high as that usually found in persons recently recovered from the disease in question; in such cases a presumptive serologic diagnosis may be made on the basis of these suggestive findings.

SECTION VII

MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for period ending 28 November 1947 shows 3406 hospitals with a capacity of 211,315 beds of which 95,425 were occupied. During this same period 286,776 out-patients were treated.

SECTION VIII

SOCIAL SECURITY DIVISION

General

No objection was made to the Ministry of Welfare's plan to proceed with their proposals for a Cabinet Order implementing the provisions for appeal referees in Welfare Pension, Health Insurance, and Seamen's Insurance laws, and a similar Cabinet Order for implementing the provisions for an advisory council in the above laws. No objection was made to an amendment to the Enforcement Order of the Health Insurance law changing the maximum taxable wage from ¥ 2,000 to ¥ 5,100 per month, which is the same level provided in the Unemployment Insurance law. The basic wage and family allowances are included in the

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taxable wage, but other allowances, such as transportation and regional, are not included.

Health Insurance

The allotment of cement, a rationed building material, for the repair or construction of clinics and hospitals operated by Health Insurance and National Health Insurance agencies has been made for the first quarter of 1948. Emphasis is on the establishment of clinics and repair of existing hospitals. Study is being given as to the local needs before new hospital construction is approved.

SECTION IX

MEMORANDA TO JAPANESE GOVERNMENT

None.

Crawford F. Sams

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl: Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 13 December 1947.

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DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES
IN JAPAN FOR THE WEEK ENDING 13 DECEMBER 1947

During the week ending 13 December 1947 a total of 10,169 communicable disease cases were reported. This was nearly 4 percent less than the number (10,575) reported in the preceding week. Tuberculosis cases (5,336) accounted for 52 percent of the total. Another 38 percent of the total cases was credited to: pneumonia (2,461), whooping cough (788), measles (581), and influenza (49).

The remaining 12 communicable diseases included in this report accounted for 954 cases and 125 deaths in the current week, compared with 1,029 cases and 139 deaths last week. All of these diseases decreased or remained the same except typhus fever and epidemic meningitis.

There were 516 cases and 50 deaths credited to diphtheria in the current week compared with 523 cases and 51 deaths last week. The current and cumulative case rates per 100,000 population per annum were 34.5 and 36.7 respectively. Corresponding death rates were 3.3 and 3.0.

Dysentery continued to decline. The current cases (70) were 23 percent less than the number (91) reported last week. Deaths decreased 31 percent from 45 to 31. The current and cumulative case rates were 4.7 and 52.4 respectively. Corresponding death rates were 2.1 and 9.9.

Typhoid fever cases decreased 8 percent from 191 to 176. Deaths remained the same (29). The current case rate (11.8) was approximately half the cumulative rate (23.4). The current and cumulative death rates were 1.9 and 2.9 respectively.

Paratyphoid fever cases (40) were nearly 22 percent less than the number (51) reported last week. There were 3 deaths in the current week compared with none last week. The current and cumulative case rates were 2.7 and 6.2 respectively. Corresponding death rates were 0.2 and 0.4.

No smallpox cases have been reported for the last two weeks. No deaths have been recorded since the middle of July. The cumulative case and death rates were 0.5 and 0.1 respectively.

The incidence of typhus fever increased for the third consecutive week. The current cases (21) were more than double the number (10) reported last week. There were no deaths currently compared with one in the previous week. The current and cumulative case rates were both 1.4. The cumulative death rate was 0.1.

Malaria cases decreased 31 percent from 84 to 58. One death was reported in the current week compared with none last week. The current and cumulative case rates were 3.9 and 15.6 respectively. Corresponding death rates were 0.1 and 0.03.

Scarlet fever cases decreased 16 percent from 56 last week to 47 in the current week. One death was recorded in each of the last two weeks. The current and cumulative case rates were 3.1 and 3.4 respectively. Both the current and cumulative death rates were 0.1.

There were 26 cases and 10 deaths reported for epidemic meningitis in the current week, compared with 23 cases and 12 deaths last week. The current case and death rates (1.7 and 0.7 respectively) were less than half the corresponding cumulative rates (4.4 and 1.5).

There were no cases or deaths reported for suspect Japanese "B" encephalitis in the last five weeks. The cumulative case and death rates were 0.3 and 0.2 respectively.

There continued to be no cholera or plague.

The current and cumulative number of cases of chancroid were 680 and 39,066 respectively; for gonorrhea 3,921 and 204,192; and for syphilis 3,081 and 141,852.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

Week Ending 13 December 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	40	6	2273	263	5	—	1362	136
AOMORI	11	2	478	43	1	1	299	30
IWATE	5	1	400	34	—	—	1090	94
MIYAGI	18	—	570	21	1	1	765	68
AKITA	NR	NR	644	46	NR	NR	452	67
YAMAGATA	9	1	651	43	1	1	1638	118
FUKUSHIMA	6	—	407	12	—	1	2206	284
IBARAKI	10	—	524	49	2	1	1710	472
TOCHIGI	15	1	687	38	—	2	1231	214
GUMMA	6	2	316	67	1	—	1375	230
SAITAMA	9	—	629	59	—	—	1724	352
CHIBA	5	—	403	31	—	—	1005	213
TOKYO	30	1	1558	226	10	—	2955	698
KANAGAWA	18	1	552	39	2	—	705	145
NIIGATA	25	3	804	51	—	1	1748	250
TOYAMA	4	1	223	12	—	—	189	12
ISHIKAWA	21	—	611	28	—	—	208	37
FUKUI	4	1	222	13	1	—	368	48
YAMANASHI	—	—	102	12	1	—	666	69
NAGANO	8	—	617	40	—	—	1594	159
GIFU	10	—	200	20	—	—	638	198
SHIZUOKA	12	1	534	57	—	—	1201	287
AICHI	24	4	1552	87	4	6	1887	542
MIE	17	—	658	39	1	1	490	125
SHIGA	6	1	211	16	—	—	300	40
KYOTO	10	—	489	49	1	1	852	124
OSAKA	7	—	416	49	2	—	911	240
HYOGO	10	3	857	70	4	5	1387	270
NARA	3	—	188	7	—	—	173	24
WAKAYAMA	3	—	223	8	1	—	141	32
TOTTORI	6	1	170	17	—	—	182	43
SHIMANE	12	—	495	24	1	1	462	135
OKAYAMA	11	2	381	34	—	1	425	140
HIROSHIMA	17	—	632	30	2	1	597	171
YAMAGUCHI	7	—	708	55	—	—	236	109
TOKUSHIMA	3	1	287	10	3	—	842	125
KAGAWA	6	1	290	17	1	1	522	92
EHIME	24	3	865	82	22	3	980	193
KOCHI	8	2	317	23	—	—	305	75
FUKUOKA	25	3	1716	113	2	—	629	119
SAGA	24	3	808	61	—	2	209	44
NAGASAKI	12	1	635	70	—	—	541	104
KUMAMOTO	—	—	222	27	—	—	351	94
OITA	9	3	744	48	—	1	320	91
MIYAZAKI	NR	NR	533	48	NR	NR	534	121
KAGOSHIMA	6	1	619	80	1	—	707	134
TOTAL	516	50	27421	2268	70	31	39162	7368

RATE								
Current	34.5	3.3	36.7	3.0	4.7	2.1	52.4	9.9
Previous	35.0	3.4			6.1	3.0		

Rates per 100,000 per annum

Rates based upon estimated population 1 July 1947

Weekly Report - 13 December 1947
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	5	-	749	89	3	-	226	16
AOMORI	1	-	238	32	-	-	54	2
IWATE	3	-	226	35	-	-	65	1
MIYAGI	3	-	391	30	1	-	256	11
AKITA	NR	NR	154	30	NR	NR	44	4
YAMAGATA	-	-	348	56	-	-	105	5
FUKUSHIMA	1	1	438	47	-	-	101	11
IBARAKI	4	-	417	46	3	-	191	10
TOCHIGI	-	-	416	62	1	-	103	5
GUMMA	1	-	274	47	1	-	115	6
SAITAMA	4	-	488	58	1	-	96	9
CHIBA	1	-	389	24	-	-	128	3
TOKYO	27	1	1333	168	4	-	467	22
KANAGAWA	3	1	647	95	5	-	151	10
NIIGATA	10	1	598	83	3	-	186	6
TOYAMA	1	4	388	39	-	-	113	1
ISHIKAWA	1	-	194	19	-	-	48	1
FUKUI	1	-	159	22	-	-	39	1
YAMANASHI	-	-	135	7	-	-	48	1
NAGANO	1	-	324	27	-	-	137	13
GIFU	14	1	589	66	1	-	134	13
SHIZUOKA	11	2	619	67	1	-	153	17
AICHI	9	3	957	126	1	-	194	7
MLE	6	-	755	81	8	-	120	10
SHIGA	-	-	127	17	-	-	28	5
KYOTO	1	1	396	42	1	-	94	5
OSAKA	5	-	569	103	-	-	275	9
HYOGO	6	8	985	164	-	3	108	14
NARA	-	-	136	15	-	-	16	-
WAKAYAMA	3	-	461	52	-	-	65	1
TOTTORI	-	-	150	10	-	-	33	-
SHIMANE	1	1	274	38	1	-	114	5
OKAYAMA	8	1	348	40	-	-	21	2
HIROSHIMA	11	-	711	89	1	-	164	11
YAMAGUCHI	2	-	113	10	-	-	30	3
TOKUSHIMA	1	-	255	36	-	-	37	5
KAGAWA	2	-	190	29	2	-	64	2
EHIME	14	1	197	27	-	-	33	1
KOCHI	7	1	415	48	-	-	41	4
FUKUOKA	4	1	346	36	-	-	60	3
SAGA	2	-	80	3	-	-	29	1
NAGASAKI	2	1	108	13	1	-	38	2
KUMAMOTO	-	-	101	14	-	-	24	1
OITA	-	-	105	14	-	-	11	1
MIYAZAKI	NR	NR	160	34	NR	NR	43	3
KAGOSHIMA	-	-	29	7	1	-	18	-
TOTAL	176	29	17492	2197	40	3	4620	263
Current	11.8	1.9	23.4	2.9	2.7	0.2	6.2	0.4
Previous	12.8	1.9			3.4	0.0		

Rates per 100,000 per annum.

Rates based upon estimated population 1 July 1947

Weekly Report - 13 December 1947
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	47	8	-	-	56	8
AOMORI	-	-	-	-	-	-	8	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	20	3
AKITA	NR	NR	12	1	NR	NR	2	1
YAMAGATA	-	-	8	3	-	-	42	4
FUKUSHIMA	-	-	1	-	-	-	4	-
IBARAKI	-	-	21	1	-	-	36	4
TOCHIGI	-	-	23	2	-	-	11	2
GUMMA	-	-	3	-	-	-	4	3
SAITAMA	-	-	3	1	-	-	29	2
CHIBA	-	-	13	2	-	-	26	1
TOKYO	-	-	18	5	7	-	228	29
KANAGAWA	-	-	4	-	6	-	48	2
NIIGATA	-	-	4	1	-	-	12	1
TOYAMA	-	-	1	-	-	-	8	1
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	6	4
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	3	-	1	-	10	1
GIFU	-	-	-	-	1	-	27	-
SHIZUOKA	-	-	4	-	-	-	30	-
AICHI	-	-	9	-	2	-	225	5
MIIE	-	-	5	1	1	-	5	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	1	-	-	-	7	1
OSAKA	-	-	11	2	2	-	56	-
HYOGO	-	-	42	3	-	-	6	2
NARA	-	-	1	-	-	-	2	-
WAKAYAMA	-	-	34	1	1	-	18	1
TOTTORI	-	-	1	-	-	-	7	-
SHIMANE	-	-	7	-	-	-	8	-
OKAYAMA	-	-	11	-	-	-	5	-
HIROSHIMA	-	-	3	1	-	-	2	-
YAMAGUCHI	-	-	7	-	-	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	4	-	-	-	52	6
EHIME	-	-	13	2	-	-	6	-
KOCHI	-	-	1	-	-	-	2	-
FUKUOKA	-	-	40	1	-	-	3	-
SAGA	-	-	5	1	-	-	2	-
NAGASAKI	-	-	2	-	-	-	7	1
KUMAMOTO	-	-	3	-	-	-	3	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	NR	NR	1	-	NR	NR	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	0	0	390	38	21	0	1066	84

RATE								
Current	0.0	0.0	0.5	0.1	1.4	0.0	1.4	0.1
Previous	0.0	0.0			0.7	0.1		

Rate per 100,000 per annum

Rates based upon estimated population 1 July 1947

Weekly Report - 13 December 1947
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	292	2	-	-	-	-
AOMORI	1	-	182	-	-	-	-	-
IWATE	2	-	182	-	-	-	-	-
MIYAGI	-	-	25	-	-	-	-	-
AKITA	NR	NR	183	-	-	-	-	-
YAMAGATA	2	-	116	-	-	-	-	-
FUKUSHIMA	2	-	247	-	-	-	-	-
IBARAKI	-	1	315	2	-	-	-	-
TOCHIGI	1	-	112	-	-	-	-	-
GUMMA	1	-	88	-	-	-	-	-
SAITAMA	-	-	63	1	-	-	-	-
CHIBA	-	-	113	-	-	-	-	-
TOKYO	6	-	758	-	-	-	-	-
KANAGAWA	5	-	448	-	-	-	-	-
NIIGATA	NR	NR	275	1	-	-	-	-
TOYAMA	1	-	165	-	-	-	-	-
ISHIKAWA	1	-	58	-	-	-	-	-
FUKUI	-	-	73	-	-	-	-	-
YAMANASHI	-	-	67	-	-	-	-	-
NAGANO	1	-	181	-	-	-	-	-
Gifu	-	-	36	-	-	-	-	-
SHIZUOKA	-	-	206	-	-	-	-	-
AICHI	1	-	264	-	-	-	-	-
MIÉ	1	-	224	1	-	-	-	-
SHIGA	3	-	1874	-	-	-	-	-
KYOTO	NR	NR	165	-	-	-	-	-
OSAKA	2	-	156	-	-	-	-	-
HYOGO	1	-	312	-	-	-	-	-
NARA	-	-	69	-	-	-	-	-
WAKAYAMA	2	-	79	-	-	-	-	-
TOTTORI	3	-	153	-	-	-	-	-
SHIMANE	2	-	128	-	-	-	-	-
OKAYAMA	NR	NR	76	-	-	-	-	-
HIROSHIMA	-	-	231	-	-	-	-	-
YAMAGUCHI	1	-	280	-	-	-	-	-
TOKUSHIMA	1	-	218	-	-	-	-	-
KAGAWA	1	-	146	-	-	-	-	-
EHIME	6	-	477	1	-	-	-	-
KOCHI	-	-	110	1	-	-	-	-
FUKUOKA	5	-	987	7	-	-	-	-
SAGA	-	-	276	3	-	-	-	-
NAGASAKI	-	-	215	-	-	-	-	-
KUMAMOTO	-	-	207	-	-	-	-	-
OITA	4	-	371	3	-	-	-	-
MIYAZAKI	NR	NR	196	1	-	-	-	-
KAGOSHIMA	-	-	284	-	-	-	-	-
TOTAL	58	1	11683	23	0	0	0	0
RATE								
Current	3.9	0.1	15.6	0.03	0.0	0.0	0.0	0.0
Previous	5.6	0.0			0.0	0.0		

Rate per 100,000 per annum

Rates based upon estimated population 1 July 1947

Weekly Report - 13 December 1947
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP B ENCEPHALITIS (SUSPECTS)			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	8	-	355	8	1	2	369	101	-	-	-	-
AOMORI	1	-	28	1	1	1	100	20	-	-	2	-
IVATE	-	-	28	4	2	-	58	16	-	-	-	1
MIYAGI	2	-	96	1	2	-	129	19	-	-	1	-
AKITA	NR	NR	31	2	NR	NR	86	38	-	-	2	2
YAMAGATA	-	-	40	1	-	-	82	22	-	-	1	-
FUKUSHIMA	-	-	46	1	1	-	142	39	-	-	-	-
IBARAKI	1	1	64	2	-	-	196	62	-	-	-	-
TOCHIGI	-	-	42	1	-	-	31	13	-	-	1	-
GUMMA	1	-	80	2	-	-	38	18	-	-	1	1
SAITAMA	3	-	57	-	-	-	72	30	-	-	-	-
CHIBA	-	-	50	1	-	-	62	21	-	-	-	-
TOKYO	8	-	498	10	6	4	659	273	-	-	5	-
KANAGAWA	1	-	112	2	1	-	77	23	-	-	1	1
NIIGATA	1	-	32	1	-	-	67	21	-	-	1	-
TOYAMA	-	-	14	-	-	-	20	2	-	-	1	1
ISHIKAWA	-	-	6	1	-	-	42	11	-	-	-	-
FUKUI	-	-	6	-	-	-	12	5	-	-	1	-
YAMANASHI	-	-	23	1	-	-	27	3	-	-	-	-
NAGANO	4	-	93	2	2	-	40	6	-	-	-	-
GIFU	-	-	25	1	-	-	18	6	-	-	1	1
SHIZUOKA	1	-	132	-	-	-	93	22	-	-	-	-
AICHI	4	-	116	3	-	-	43	10	-	-	-	-
MIE	-	-	44	2	-	-	28	5	-	-	6	2
SHIGA	2	-	47	-	-	-	29	12	-	-	-	-
KYOTO	2	-	135	2	1	-	68	17	-	-	5	1
OSAKA	5	-	58	-	2	2	151	39	-	-	46	36
HYOGO	-	-	61	2	-	-	69	27	-	-	12	3
NARA	-	-	10	-	-	-	6	1	-	-	-	-
WAKAYAMA	-	-	7	-	-	-	10	4	-	-	1	1
TOTTORI	-	-	6	-	1	-	45	16	-	-	22	8
SHIMANE	1	-	30	-	-	-	17	6	-	-	7	5
OKAYAMA	-	-	25	-	1	-	12	7	-	-	62	31
HIROSHIMA	1	-	22	2	1	-	66	20	-	-	6	4
YAMAGUCHI	-	-	13	-	1	-	34	6	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	9	4	-	-	1	1
KAGAWA	-	-	14	2	-	-	18	7	-	-	31	16
EHIME	1	-	23	-	1	1	36	22	-	-	16	8
KOCHI	-	-	9	-	-	-	24	9	-	-	13	3
FUKUOKA	-	-	22	3	1	-	85	55	-	-	1	1
SAGA	-	-	2	-	-	-	16	6	-	-	-	-
NAGASAKI	-	-	27	1	-	-	33	14	-	-	1	1
KUMAMOTO	-	-	6	-	-	-	33	11	-	-	2	2
OITA	-	-	3	-	1	-	14	2	-	-	1	1
MIYAZAKI	NR	NR	11	-	NR	NR	26	7	-	-	1	-
KAGOSHIMA	-	-	3	-	-	-	34	16	-	-	-	-
TOTAL	47	1	2555	59	26	10	3326	1094	0	0	252	131
Rate												
Current	3.1	0.1	3.4	0.1	1.7	0.7	4.4	1.5	0.0	0.0	0.3	0.2
Previous	3.7	0.1			1.5	0.8			0.0	0.0		

Plague: 0

Rates per 100,000 per annum

Rates based upon estimated population 1 July 1947

Weekly Report - 13 December 1947
Continued

PREFECTURE	MEASLES	WHOOPING COUGH	TUBERCULOSIS
	Cases	Cases	Cases
HOKKAIDO	52	62	445
AOMORI	6	11	53
IWATE	43	18	68
MIYAGI	41	48	122
AKITA	NR	NR	NR
YAMAGATA	9	17	56
FUKUSHIMA	2	10	106
IBARAKI	1	17	66
TOCHIGI	-	29	53
GUMMA	5	34	79
SAITAMA	-	-	50
CHIBA	-	4	82
TOKYO	-	46	1091
KANAGAWA	1	38	258
NIIGATA	NR	NR	NR
TOYAMA	43	31	160
ISHIKAWA	8	40	106
FUKUI	49	14	40
YAMANASHI	1	3	27
NAGANO	11	38	126
GIFU	18	12	74
SHIZUOKA	7	4	105
AICHI	16	17	237
MIE	43	9	50
SHIGA	2	14	45
KYOTO	NR	NR	NR
OSAKA	4	16	294
HYOGO	5	3	124
NARA	-	3	18
WAKAYAMA	1	12	37
TOTTORI	7	5	55
SHIMANE	30	22	111
OKAYAMA	NR	NR	NR
HIROSHIMA	23	6	152
YAMAGUCHI	4	6	50
TOKUSHIMA	17	9	83
KAGAWA	8	9	43
EHIME	65	20	145
KOCHI	11	11	56
FUKUOKA	6	79	291
SAGA	6	16	53
NAGASAKI	17	11	74
KUMAMOTO	1	9	131
OITA	1	22	89
MIYAZAKI	NR	NR	NR
KAGOSHIMA	17	13	31
TOTAL	581	788	5336

RATE

Current	38.8	52.7	356.7
Previous	41.4	51.9	381.0

Deaths not available.

Rate per 100,000 per annum

Rate based upon estimated population 1 July 1947

Weekly Report - 13 December 1947
Continued

PREFECTURE	PNEUMONIA	INFLUENZA
	Cases	Cases
HOKKAIDO	169	-
AOMORI	28	-
IWATE	44	-
MIYAGI	82	-
AKITA	NR	NR
YAMAGATA	10	-
FUKUSHIMA	115	-
IBARAKI	116	-
TOCHIGI	47	-
GUMMA	53	-
SAITAMA	37	-
CHIBA	4	-
TOKYO	165	7
KANAGAWA	121	1
NIIGATA	NR	NR
TOYAMA	70	1
ISHIKAWA	101	-
FUKUI	26	-
YAMANASHI	14	-
NAGANO	57	-
Gifu	38	-
SHIZUOKA	42	1
AICHI	69	1
MIE	23	-
SHIGA	31	-
KYOTO	NR	NR
OSAKA	62	-
HYOGO	29	-
NARA	12	-
WAKAYAMA	80	-
TOTTORI	21	-
SHIMANE	54	-
OKAYAMA	NR	NR
HIROSHIMA	36	7
YAMAGUCHI	27	1
TOKUSHIMA	48	3
KAGAWA	23	-
EHIME	132	10
KOCHI	26	-
FUKUOKA	167	2
SAGA	97	3
NAGASAKI	54	-
KUMAMOTO	17	-
OITA	56	13
MIYAZAKI	NR	NR
KAGOSHIMA	58	-
TOTAL	2461	49

Rates

Current	164.5	3.3
Previous	160.9	3.0

Rates per 100,000 per Annum.

Rates based upon estimated population 1 July 1947

Deaths not available

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947

DISEASES	Week Ending		Four Weeks Ending		Cumulative Number	
	13 Dec	14 Dec	13 Dec	14 Dec	for first 50 weeks	
	1947	1946	1947	1946	1947	1946
Cases						
Diphtheria	516	901	2275	4073	27421	47418
Dysentery	70	237	383	1652	39162	87518
Typhoid	176	466	714	2249	17492	43515
Paratyphoid	40	177	181	516	4620	8850
Smallpox	0	24	3	72	390	17768
Typhus Fever	21	54	38	206	1066	31025
Malaria	58	190	311	993	11683	NA
Cholera	0	7	0	9	0	1213
Scarlet Fever	47	56	235	292	2555	2106
Epidemic Meningitis	26	24	83	70	3326	1429
(Suspect)						
Jap. B. Encephalitis	0	0	0	2	252	NA
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	50	94	203	328	2268	3700
Dysentery	31	105	186	515	7368	13028
Typhoid	29	78	114	329	2197	5233
Paratyphoid	3	13	9	31	263	458
Smallpox	0	2	0	9	38	2733
Typhus Fever	0	0	1	8	84	2897
Malaria	1	3	2	8	23	NA
Cholera	0	4	0	5	0	519
Scarlet Fever	1	1	5	7	59	97
Epidemic Meningitis	10	10	37	31	1094	413
(Suspect)						
Jap. B. Encephalitis	0	0	0	0	131	NA
Plague	0	0	0	0	0	0

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946 AND 1947

DISEASES	Week Ending		Four Weeks Ending		Cumulative Number	
	13 Dec	14 Dec	13 Dec	14 Dec	for first 50 weeks	
	1947	1946	1947	1946	1947	1946
Case Rate						
Diphtheria	34.5	62.4	38.0	70.5	36.7	65.7
Dysentery	4.7	16.4	6.4	28.6	52.4	121.2
Typhoid	11.8	32.3	11.9	38.9	23.4	60.3
Paratyphoid	2.7	12.3	3.0	8.9	6.2	12.3
Smallpox	0.0	1.7	0.1	1.2	0.5	24.6
Typhus Fever	1.4	3.7	0.6	3.6	1.4	43.0
Malaria	3.9	13.2	5.2	17.2	15.6	NA
Cholera	0.0	0.5	0.0	0.2	0.0	1.7
Scarlet Fever	3.1	3.9	3.9	5.1	3.4	2.9
Epidemic Meningitis	1.7	1.7	1.4	1.2	4.4	2.0
(Suspect)						
Jap. B. Encephalitis	0.0	0.0	0.0	0.03	0.3	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates						
Diphtheria	3.3	6.5	3.4	5.7	3.0	5.1
Dysentery	2.1	7.3	3.1	8.9	9.9	18.0
Typhoid	1.9	5.4	1.9	5.7	2.9	7.2
Paratyphoid	0.2	0.9	0.2	0.5	0.4	0.6
Smallpox	0.0	0.1	0.0	0.2	0.1	3.8
Typhus Fever	0.0	0.0	0.02	0.1	0.1	4.0
Malaria	0.1	0.2	0.03	0.1	0.03	NA
Cholera	0.0	0.3	0.0	0.1	0.0	0.7
Scarlet Fever	0.1	0.1	0.1	0.1	0.1	0.1
Epidemic Meningitis	0.7	0.7	0.6	0.5	1.5	0.6
(Suspect)						
Jap. B. Encephalitis	0.0	0.0	0.0	0.0	0.2	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rates per 100,000 population per annum

1947 Rates based upon estimated population 1 July 1947

1946 Rates based upon estimated population 1 July 1946

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING 13 Dec. 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	29	1154	181	8206	94	4374
AOMORI	6	408	36	2653	24	1592
IVATE	2	172	22	960	41	1157
MIYAGI	10	390	69	2937	53	1947
AKITA	NR	217	NR	1637	NR	1320
YAMAGATA	-	159	18	1271	52	1864
FUKUSHIMA	10	430	70	3831	58	2609
IBARAKI	15	580	93	2461	59	2389
TOCHIGI	6	391	43	2938	41	2745
GUMMA	-	300	28	2178	26	2354
SAITAMA	5	631	20	2793	21	1912
CHIBA	NR	782	NR	3475	NR	2229
TOKYO	55	1900	323	8398	300	7615
KANAGAWA	39	1770	236	12880	163	6637
NIIGATA	9	452	59	3136	50	2602
TOYAMA	3	388	51	3017	32	2441
ISHIKAWA	7	611	78	3717	68	2497
FUKUI	7	403	27	1743	29	1283
YAMANASHI	3	97	51	1922	14	686
NAGANO	3	282	60	3316	62	2472
GIFU	16	728	101	4277	69	1803
SHIZUOKA	7	677	43	3518	55	3261
AICHI	62	3489	174	14058	58	7279
MIE	36	1204	72	2706	83	2650
SHIGA	11	881	7	1628	21	1515
KYOTO	39	1960	171	7907	125	4750
OSAKA	64	4464	279	16991	284	14851
HYOGO	29	1789	143	8702	204	8893
NARA	1	555	36	1173	37	1240
WAKAYAMA	14	1093	84	3973	40	2444
TOTTORI	4	358	45	3130	24	1627
SHIMANE	7	179	49	1650	28	1447
OKAYAMA	5	1553	48	5808	66	3593
HIROSHIMA	15	1139	143	7871	71	3685
YAMAGUCHI	8	477	69	3692	38	2304
TOKUSHIMA	4	155	30	1377	65	1351
KAGAWA	12	654	47	2412	31	1562
EHIME	13	345	75	3302	48	3067
KOCHI	4	310	36	1588	22	1175
FUKUOKA	63	2933	299	12236	236	7475
SAGA	4	377	104	4622	70	2274
NAGASAKI	18	774	146	6575	89	3360
KUMAMOTO	11	424	65	3961	34	2828
OITA	20	750	111	3048	50	2137
MIYAZAKI	NR	75	NR	1627	NR	1020
KAGOSHIMA	4	206	79	2891	46	1536
TOTAL	680	39066	3921	204192	3081	141852
Rates						
Current	45.5	52.2	262.1	273.0	206.0	189.7
Previous	52.2		250.3		224.5	

Rates per 100,000 per annum

Rates based upon estimated population 1 July 1947